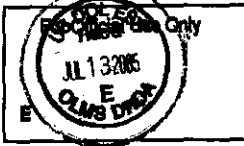# FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only
JUL 13 2005

1. File Number U - 2907
N/A - INITIAL FILING

2. Fiscal Year Covered From:
01/01/04 Through: 12/31/04

3. Name and address of person filing.

Name: Neil R Boyle

P.O. Box, Bldg., Room No., if any:

Street: 1341 Birch Hill Rd

City: Mountainside

State: NJ   ZIP Code + 4: 07092

4. Name, file number, and address of labor organization.

Name: LOCAL UNION #102, IBEW

Labor Organization File Number: 004-017

P.O. Box, Building and Room Number, if any: 135

Street: 3695 HILL ROAD

City: PARSIPPANY

State: NJ   ZIP Code + 4: 07054

5. Position in labor organization. Business Agent

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State: ZIP Code + 4:

N/A

7.a. Nature of Interest, Transaction, or Income.

N/A

7.b. Amount.

N/A

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed: _[signature]_   On: 7/5/05   Date   908 509 9815   Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

N/A

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

N/A

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

N/A

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any: *SEE*

P.O. Box, Bldg., Room No., if any *SCHEDULE*

Street *ATTACHED*

City

State   ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

SEE ATTACHED SCHEDULE

14.a. Nature of payment.

N/A
SEE SCHEDULE ATTACHED

14.b. Amount of payment.

SEE SCHEDULE ATTACHED

Form LM-30 (2003)

FORM LM-30 ATTACHMENT

13a Name + Address	13b E = Employer C=Consultant	14a Nature of Payment	14b Amount of Payment